REMARKS

Claim 22 has been amended in view of the Examiner's remarks in the Advisory Action dated April 19, 2005 that the claim is enabled only for the treatment of liver diseases of viral origin. It is respectfully noted that this rejection had not previously been raised against claim 22, and it is accordingly respectfully requested that the claim as amended be considered and entered notwithstanding that a final rejection has issued in this application. The remarks provided in Applicants' Amendment dated February 24, 2005 are repeated hereinafter.

The courtesy of Examiners Seharaseyon and Andres in conducting an interview with the undersigned on 25 January 2005 is gratefully acknowledged. The Interview Summary mailed January 26, 2005 accurately reflects the discussion at the interview, as amplified next.

In the interview, Applicants argued that there is nothing in the primary reference of record, Foster et al, that would show or suggest the effectiveness of the claimed interferon subtype, IFN alpha 5, in treating HCV (as opposed to the other described diseases, EMC and HAV) with even a reasonable expectation of success, and that Foster could not be properly combined with Albrecht since the latter expressly refers only to other IFN alpha subtypes and it would be inconsistent with Foster to generalize that all IFN alpha subtypes are the same since Foster teaches away from this. Applicants also pointed out that, in studies conducted by the Applicants, the interferon subtypes presented marked differences regarding the expression of some genes in liver cells, including inducing changes of gene expression in opposite directions. Applicants further pointed to

the evidence in the specification that healthy liver cells produce IFN alpha 5, but not other IFN alpha subtypes and that liever cells infected by HCV have IFN alpha levels depleted.

The Examiners indicated that claims relating to a method of screening (claim 22) may be free of the prior art and courteously suggested that Applicants might explore the possibility of depending the other claims of record from claim 22. In order to procure an early allowance of this application, and without prejudice to Applicants' right to file a continuation application directed to any subject matter relinquished herein, Applicants have now amended the claims to depend all of the pending claims from claim 22. Support for a combination of steps comprising first screening a patient to assay for reduced levels of IFN-alpha 5 and then administering IFN-alpha 5 to the patient in an amount effective to raise the level of IFN-alpha 5 appears in the specification at, for example, pages 16-21 (assaying) and page 1, lines 5-18, Abstract and original claim 5 (use of the subtype to treat, e.g., HCV). It would have been clear to one of skill in the art from the application as filed that Applicant had possession of a method comprising both of these steps.

In view of the amendment to the claims, and since the prior art does not show or suggest the claimed screening step, it is respectfully submitted that the claims as amended are free of the cited art such that the prior art rejections should be withdrawn. Since there

are no other objections or rejections of record, it is respectfully submitted that the application is now in condition for allowance. An early notice of allowance is earnestly solicited and is believed to be fully warranted.

Respectfully submitted,

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